

## NEW HAMPSHIRE

### Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

### Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20% of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. New Hampshire's FY 2007 SAPT Block allotment is \$6,594,716. – representing half of the agency's budget for prevention and treatment services.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, the following New Hampshire statistics were the result of an analysis of data derived from follow-up interviews with clients served by state-funded treatment programs. Specifically, during SFY 2006, a contractor completed 136 follow-up interviews twelve months after discharge and found the following outcomes:

- 79% were abstinent from alcohol and other drugs at follow-up.
- At admission, 49% reported working or taking classes. At follow-up, 81% reported working or taking classes.
- At admission, 67% reported an independent living arrangement. At follow-up, 91% reported an independent living arrangement.
- At admission, approximately 30% reported an arrest in the prior six months. At follow-up, 5% reported an arrest in the prior six months.

**Family Treatment:** Odyssey Family Center provides long-term treatment services to pregnant women and women with children. Outpatient contractors provide services to individuals as well as family members and adjuncts as appropriate

**Prevention Services:** New Hampshire provided prevention services to close to 45,000 persons. The twenty percent prevention set-aside of the SAPT Block Grant represents 42% of New Hampshire's prevention contracts. Still, current contractors providing prevention services only reach 51% of towns in NH. Forty nine percent of NH communities do not have State funded prevention programming.

Positive Impact on NOMs NH Youth Risk Behavior Survey – 2003 to 2005

<i>USE BEFORE AGE 13</i>	2003	2005
■ % of youth who had smoked a whole cigarette for the first time	16.9	12.6
■ % of youth who had their first drink, other than a few sips	25.8	19.3
■ % of youth who tried marijuana for the first time	11.1	7.1
<i>USE IN PAST 30 DAYS</i>		
■ % of youth who had at least one drink of alcohol	47.1	44.0
■ % of youth who had used marijuana	30.6	25.9
<i>PERCEPTION OF DISAPPROVAL TO SMOKE MARIJUANA</i>		
■ % of youth who think their parents would feel it is wrong for them	81.3	88.0
■ % of youth who think it is wrong for someone their age	48.2	57.6

### New Hampshire Quick Facts

#### Treatment Admissions

- **5,862 clients served in SFY 2006**
- **Admissions by Drug:**

Alcohol	3038
Marijuana/Hashish	838
Heroin/Morphine	721
Cocaine	389
Crack	373
Oxycodone	149
Methamphetamine	66
Narcotics	66
Other	222
- **Gender:**

Male	3694
Female	2168
- **Age:**

11 & under	1
12-14	68
15-17	448
18-24	1560
25-44	2850
45-64	907
65 & over	28

#### Treatment Gap

- **31,000 (2.8%) needed but did not receive treatment for illicit drug use in NH.**
- **81,000 (7.47%) needed but did not receive treatment for alcohol use in NH.**

#### Wait List

- **New Hampshire providers report a 3 to 6 week waiting period for residential treatment.**

### National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

### **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and prompt. The development and implementation of NOMs should help improve this decision-making process and paint a better snapshot of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

**Accountability:** New Hampshire treatment providers must comply with current National Outcome Measures (NOMs) reporting. In addition, New Hampshire includes specific performance goals in contracts with treatment providers. A sample of these contract requirements include:

- Providers shall meet or exceed 41% completing treatment
- Providers shall meet or exceed 66% abstinent from alcohol and other drugs at discharge
- Providers shall meet established residential and outpatient utilization rates

To improve performance and quality, the State performs site visits, offers technical assistance and training. In addition, the standards of data collection and reporting are embedded in requests for proposals (RFPs) and contracts.

Over the last two years, New Hampshire has de-funded three providers for not meeting performance standards.

**A Solid Economic Investment:** According to the National Institute on Drug Abuse (NIDA) and the Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment.

*Criminal justice costs (Treatment compared to incarceration, savings produced when persons do not recidivate with treatment):*

The cost of incarcerating a person in the NH State Prison in FY '05 was \$77.10 per day or \$28,143 per year. In 2001, the Schneider Institute for Health Policy estimated the cost of residential treatment to be about \$12,500 per year and the cost for outpatient treatment to be about \$3,100 per year. New Hampshire's estimated treatment costs are as follows:

- Outpatient (OP) treatment: \$852
- Intensive Outpatient (IOP)/episode: \$2,914
- Clinically Managed Residential Detox/episode: \$1,915
- Low Intensity Residential Treatment and high intensity/episode (average length of stay is 3+ months): \$5,488
- Clinically Managed Medium Intensity Residential Treatment/episode: \$2,958

*Costs incurred by child welfare system due to addiction (Costs with foster care)*

In 2001, the National Center on Addiction and Substance Abuse at Columbia University estimated that of the more than \$24 billion States spend to address different aspects of substance abuse, \$5.3 billion (slightly more than 20 percent) goes to child welfare costs related to substance abuse. In New Hampshire, 46% of all child abuse and neglect cases that are substantiated involve parental substance abuse.

*Costs related to employment (Job productivity or rate of employment with treatment)*

The loss to companies in the United States due to alcohol and drug-related abuse by employees totals \$100 billion a year, according to the National Clearinghouse for Alcohol and Drug Information.



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